EXECUTIVE SUMMARY

Missouri Mental Health Commission Meeting

Department of Mental Health
1706 East Elm Street—Conference Rooms A/B
Jefferson City, MO 65101

February 5, 2009

PRESENT

Beth Viviano, Chair
Kathy Carter
David Vlach, M.D.
Joann Leykam

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Debbie McBaine, Deputy Director, ADA
Bernie Simons, Division Director, DD
Dr. Joe Parks, Division Director, CPS
Felix Vincenz, CEO, CPS
Monica Hoy, Director's Office
Bob Bax, Director's Office
Brent McGinty, Administration
Jan Heckemeyer, DMH Administration
Pam Leyhe, Director's Office
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
Benton Goon, MIMH
Rikki Wright, General Counsel

GUESTS

Debra Walker, Director's Office
Tec Chapman, Division of DD
Dottie Mullikin, Office of Transformation
Rhonda Haake, ITSD
Vickie Epple, Office of Transformation
Bianca Arrington-Madison, Division of ADA
Jodi Haupt, Division of ADA
Vickie Epple, Office of Transformation
Virginia Selleck, Division of CPS
Connie Cahalan, Division of CPS
Tish Thomas, Divisions of CPS/DD
Patrick Murphy, Director, OHR
Angie Stuckenschneider, Division of ADA
Laurie Epple, Division of ADA
Steve Reeves, Division of CPS
Patty Pratt, Investigations Unit Director
Liz Hagar-Mace, Housing
Robin Rust, Division of DD
Jeff Grosvenor, Division of DD
Jackie Christmas, Fatality Review Cord.
Laine Young-Walker, Division of CPS
Rosie Anderson-Harper, Division of CPS
Julie Carel, Division of CPS
Susan Pritchard-Green, MO PCDD
Joe Dickerson, MOSOTC
Gary Bennett, MOSOTC
Susan Kemp, Fulton State Hospital
Carol Baer, Emmaus Homes
Molly Boeckmann, OA Budget & Planning
Tim Swinfard, MO CMHC
Greg Kramer, MARF, St. Louis
Erica Stephens, MO P & A
Erica Leonard, MARF
Johan Horn, Community Support Serv.
Judy Alexander-Weber, Emmaus Homes
Kay Hocked, Emmaus Homes
Lisa Drier, Emmaus Homes
Marilyn Nolan, MOANCOR
Pam Guiling, Senate Appropriations
Helen Minth, St. Louis Empowerment Ctr.
Robert Qualls, NAMI of MO
Wendy Sullivan, Life Skills
Joyce Prage, Productive Living Board
Bryant McNally, Mental Health Association
Ann Mattingly, Bristol Meyers-Squibb
Kathy Meath, St. Louis ARC
Becky Blackwell, Judevine
Mary Gant, Individual

TOPIC/ISSUE	DISCUSSION
CALL TO ORDER/ INTRODUCTIONS	• Beth Viviano, Chair, called the Missouri Mental Health Commission Meeting to order at 9:00 a.m. on February 5, 2009. The meeting was held at Department of Mental Health, Conference Room B, 1706 East Elm Street, Jefferson City, Missouri. Introductions were made.
APPROVAL OF MINUTES	• Kathy Carter made a motion to approve the Minutes of the January 8, 2009 Mental Health Commission Meeting. David Vlach seconded the motion and the Minutes were approved.
OPEN DISCUSSION	• Bob Bax, Director of Legislative and Public Affairs, introduced Zach Pollack, Legislative Liaison for DMH. • Kathy Carter noted the discussion last month regarding the tobacco tax and her understanding that we will not move forward on this at this time. Bob confirmed that is correct. • Bob Bax noted the articles in the Kansas City newspaper this week. A follow-up response is being prepared that will address some of the issues in the article and the department's position on the Northwest PACT. It was the consensus of staff that the articles were fair and balanced.
LEGISLATIVE UPDATE	Bob Bax provided an update and noted on legislation: • **Processing of Incompetent to Stand Trial (IST) consumers**—under discussion with Governor's Office and Courts. • **DD home and Community Waiver Provider Tax**—is still in discussion. • **Autism Insurance**—still in discussion. • **Meritless Complaints against mental health professionals**—Doctors and social workers at the Missouri Sexual Offender Treatment Center (MOSOTC) are sometimes subject to meritless complaints by consumers. This proposal would allow their respective professional boards to remove meritless complaints from their files. Dr. Vlach followed up on discussion from the January 8 Commission meeting regarding whether that should be expanded to be based upon the status of the employee rather than their physical location at MOSOTC. Bob expressed that there is concern that the only place this kind of legislation exists is at Department of Corrections.
DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES STRATEGIC PLAN	Dr. Joe Parks presented an overview of overall principles and methods to pursue the Division of Comprehensive Psychiatric Services vision and plans: <u>Major goals:</u> • Quality Services • Person Centered-Consumer Oriented • More accountability in administering services and treatments <u>Techniques used to achieve goals:</u> • Evidence-based Practices • Integration • Data-based Decisions

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	Dr. Parks introduced staff who presented the components of the division's strategic plan. • Virginia Selleck presented an overview of the Evidence-Based Practices (EBP) that the division plans to implement: o Policy changes are needed to implement EBP. o Recovery happens—consumer outcomes and experiences make research real; staff must learn "core competencies" underpinning a variety of EBP. o EBP is—standardized treatments with manuals or guidelines; studies in controlled research; shown to improve important outcomes with objective measures; research conducted by different investigator teams. o Current status of EBP in Missouri: ▪ Assertive Community Treatment (ACT)—six teams: St. Louis-3; St. Joseph-1; Springfield-1 ▪ Dialectical Behavior Therapy—1,800 people trained, 30 teams in operation, more incubating ▪ Supported Employment—"Guiding Coalition" of agencies; new grant to support full Fidelity implementation at three locations; collaboration with DESE/Voc Rehab • Rosie Anderson-Harper explained the Consumer-driven approach of Peer Specialist Programs and the Consumer Operated Services Programs. She introduced Robert Qualls who gave an overview of the Peer Specialist Program and Helen Minth who gave an overview of the Consumer-Operated Services Programs. o Robert shared his background in mental health and explained Peer Support in Missouri: ▪ Peer Support Services are face-to-face services or group services with a rehabilitation and recovery focus. ▪ Peer Support Services promote skills for coping and managing psychiatric symptoms while encouraging the use of natural resources and enhancing community living. ▪ Peer Specialists work in a variety of settings, including: Administrative Agents, Affiliate Agencies, Consumer Operated Service Programs, DMH Inpatient Facilities, Mental Health Courts, Supportive Housing Programs ▪ Peer Specialists help individuals with psychiatric disabilities develop a network for information and support. ▪ Peer Specialists can serve as Community Support Assistants in Certified CPR Programs. ▪ Peer Specialists can share lived experiences of recovery, share and support use of recovery tools and model successful recovery behaviors. ▪ Peer Specialists can help consumers to connect with other consumers and with their community at large. ▪ Peer Specialists can assist individuals with a psychiatric disability to make independent choices. ▪ Peer Specialists can assist individuals with identifying strengths and personal resources to aid in their recovery. ▪ To qualify to be a Peer Specialist in Missouri, you must: self identify as a present or former primary consumer of mental health services; be at least 21 years of age, have a high school diploma or equivalent, pass background check, complete a state-approved training program and pass a standardized examination. ▪ To become a Missouri Certified Peer Specialist, you must: have a job commitment from a mental health agency, complete the application located on the following website: www.peerspecialist.org, complete a 5-day basic

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	training program and pass a state of Missouri approved certification examination, and maintain certification. o Helen Minth gave background and explained the Consumer-Operated Services Programs (COSP) in Missouri. ▪ DMH funds ten consumer-operated programs in Missouri—five warm lines and five drop-in centers. ▪ COSP are administratively and financially controlled by consumers who plan, deliver and evaluate services. ▪ Drop-in centers are staffed by consumers offering a variety of recovery based peer-to-peer services. ▪ Warm lines are staffed by consumers who provide peer phone support. ▪ Missouri COSP offer formal and informal peer support, opportunities to tell one's story, mentoring and becoming a mentor, learning self management strategies, practicing skills for employment, and advocacy. ▪ Federal multi-site study finds consumer-operated service programs are Evidence-Based Practices. ▪ COSP are shown effective: Missouri COSP have been evaluated using the Fidelity Assessment Common Ingredient Tool (FACIT). ▪ FACIT assesses six domains: structure, environment, belief systems, peer support, education, advocacy. ▪ Missouri Coalition of COSP: programs funded by the DMH have formed a coalition operating under the acronym SCOPE—Support Consumer Operated Program Enhancements.
BUDGET UPDATE	Keith Schafer, Jan Heckemeyer, and Brent McGinty noted budget items: • FY 2009 General Revenue Budget Shortfall—the Consensus Revenue Estimate is at net negative 4 percent, resulting in a shortfall of $261.2 million. o Solutions to the shortfall are reductions to Supplemental Requests of $84.5 million and reductions in Planned Expenditures of $176.7 million, resulting in $261.2 million reductions. DMH reduction target is $11.1 million (in addition to the normal 3% Governor's Reserve). • Recommendations of the Governor for the FY 2010 Budget Overview General Revenue Summary: o Available Resources include an Anticipated Lapse of $201.3 million, the Consensus Revenue Estimate of $7,764.3 billion which anticipates a one percent growth over actual revenue collections in FY 2009, the Federal Stimulus-State Budget Stabilization Fund of $809.2 million, and Transfers to Fund of $175.3 million, totaling $8.95 billion. o Obligations include Operating Appropriations of $8.830 billion, Capital Improvements of $50 million, and Supplemental/Estimated Setaside of $70 million, totaling $8.95 billion. • Jan provided a document used in the House Appropriations Committee and referred to the DMH Budget and FY 2010 Governor Recommendations Summary page. This list includes only General Revenue items: o FY 2010 Governor Recommendation: Total DMH Budget—$1,218,260,111 o FY 2010 Governor GR Core Reductions: $19,679,593; Total FTE—301.38 o FY 2010 GR Governor Recommendations for New Decision Items: Total GR—$36,737,841; FTE—28.88; Total all funds—$72,284,519

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	• Keith Schafer explained the process currently underway of the Psychiatric Acute Care Transformation (PACT) with Mid-Missouri Mental Health Center in Columbia and Western Missouri Mental Health Center in Kansas City.
PUBLIC COMMENT	There were no public comments.
PERFORMANCE MEASURES	Benton Goon gave an overview of the format used for presenting Performance Measures for each division and explained changes made resulting from previous Performance Measures discussions. He will meet with Beth Viviano and Patricia Bolster to discuss possible future changes and invited other Commissioners to provide input on changes. Representatives of each of the three divisions reported on their respective measures. Clive Woodward presented the quarterly performance measures for the Division of Comprehensive Psychiatric Services: • CPS Inpatient Client Injuries—their inpatient facilities participate in the NRI/ORYX program which have national benchmarks. They will keep this measure. • CPS Inpatient Injuries – clients with 1, 2, 3 or more injuries—this looks at number of injuries per specific client. • CPS Inpatient Client Injuries – using community definitions—includes those injuries requiring hospitalization but not those requiring first aid or medical care less than hospitalization, and measures youth and adult injuries separately. • CPS Community Client Injuries—measures injuries in CPS Community clients requiring hospitalization but not those requiring first aid or medical care less than hospitalization. • CPS Mortality Rate in Inpatient Care—deaths reported for clients in inpatient and compares to the Missouri mortality rate of the general population. • CPS Mortality Rate in Community 24/7 Care—deaths reported for clients in 24/7 care. This compares to the Missouri community mortality rate of .92 deaths per 100 Missouri residents. • CPS Inpatient Abuse/Neglect Investigations—Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Both counts reflect cases finalized in the quarter reported. • CPS Inpatient Inquiries into Potential Abuse/Neglect Allegations—if an allegation is made but has not yet been assigned an investigator or inquiry, it is counted as pending. If an event initially had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review. Margy Mangini presented the quarterly Performance Measures for the Division of Developmental Disabilities • DD Habilitation Centers Consumer Injuries—reflects injuries requiring minor first aid and above. Division is researching whether there are current national benchmarks for injuries. As requested, they will begin to measure injuries both below and above minor injuries. • DD Habilitation Centers Consumers with 0, 1, 2 or 3+ Injuries—the Division is researching whether there are current national benchmarks for injuries.

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	• DD Community Consumer Injuries—reflects injuries requiring minor first aid and above. The Division is researching whether there are current national benchmarks for injuries. • DD Community Consumers with 0, 1, 2, 3+ Injuries—the Division is researching whether there are current national benchmarks for injuries. • DD Habilitation Center Mortality Rates—there is not a DD national benchmark from which to compare data for persons in institutions. Compares to the Missouri community mortality rate of .92 deaths per 100 Missouri residents. • DD Community Mortality Rates—there is not a DD national benchmark from which to compare data for persons in community settings. Compares to the Missouri community mortality rate of .92 deaths per 100 Missouri residents. • DD Habilitation Centers Inquiries into Potential Abuse/Neglect Allegations—shows the date of the event and shown separately from final determination. • DD Community Abuse Neglect Investigations—shows investigations done by the DMH Central Office Investigations teams and determinations that were made during that quarter. Does not include Neglect II. Will look into reporting length of time between allegation and final determination. • DD Habilitation Centers Consumers with Behavior Support Programs—shows both the number and percent of individuals in Behavior Support Programs and the percent that are progressing in their programs. • DD Habilitation Centers Consumers in Self-Injurious Behavior Programs—will be changed to measure actual number. • DD Habilitation Centers Consumers in Physical Aggression Programs—this quarter there were 50 percent of inpatient population with those programs. This measure will also be changed to reflect actual numbers on chart. • DD Habilitation Centers Staff Injuries—only injuries requiring medical care or hospitalization are reported. This data was not collected in the first quarter. The order of the slides will be changed to have DD Hab Centers Vacancy Rates next to DD Hab Centers Staff Injuries. Also, will have chart that shows the DD operated facilities overtime hours per FTE per month. Amy Lister presented the Performance Measures for the Division of Alcohol and Drug Abuse • ADA Community 24/7 Mortality Rates—mortalities that occur while people are enrolled in detox or residential programs. The Division generally does not have any deaths, but there was one death in last quarter. This measure will be deleted from the Performance Measures. • ADA Abuse/Neglect Investigations—these statistics do not include substantiations with only Neglect II findings. Commissioners commended staff on the presentations and incorporating the upgrades to the Performance Measures.
DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES	Felix Vincenz introduced staff from Southeast Missouri Mental Health Center. Joe Dickerson and Gary Bennett are Security Aides from Missouri Sexual Offender Treatment Center at Farmington, Delores Owens is a Psychiatric Aide II and Scheduler from Hawthorn Children's Psychiatric Hospital in St. Louis, and LeElla Kemp is a Security Aide II Forensic Rehab Specialist from Fulton State Hospital.

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STRATEGIC PLAN	Joe Dickerson gave background of the Abuse/Neglect Direct Care group and explained the survey this group sent to gain input from staff and the Human Resources Office on issues such as job satisfaction, advancement in education opportunities, training issues, the value they felt their facilities placed on them, and their perceptions about their supervisors. Joe noted some results from the survey: • Almost half of direct care staff is not vested with DMH. • Job satisfaction level with the direct care staff—almost two-thirds report they like their jobs, with most expecting to retire from DMH. • Why people come to their jobs—to help people with mental health issues and for the benefits in state jobs. • Why they leave their jobs—the three most frequent reasons given: o stress due to coworkers and supervisors o lack of recognition for good work o inability to get time off, inadequate facility or program structure, lack of opportunity for advancement. • Over half of the staff felt that training was an issue—need more on the front end. Some trainings staff want: o Increase on-the-job training. o Train people on their shift and in other areas. o Trauma sensitivity training. o Proficiency requirements in Professional Assault Crisis Training (PROACT) for dealing with aggressive behavior. o Education on abuse/neglect and misconduct. Understanding of patient rights, philosophy of DMH, and discussions on professional boundaries. o Use former and current consumers in the training process, such as RESPECT at Fulton. o Utilize Network of Care—e-Learning platform for didactic learning. Augment that with classroom training and structured mentoring program of adequate length, structured around trauma-informed care. o Teach "Just Culture" and recognize difference between mistakes and negligence. o Majority of staff want to advance in their positions. Would like to support a career path and continuing education. o Re-establish Psychiatric Aide III position. o Allow proven staff the opportunity to select their coworkers through the interview process. o Provide schedule that works for staff, creative schedules. o There is a need for trauma informed training for staff—large percentage of staff have experienced trauma. o Hold treatment team meetings daily and longer meetings weekly. Get direct care staff involved in those meetings. o Utilize critical incident debriefings for crises at the facility level. o Trauma informed care is an important component in all these recommendations for reducing abuse/neglect. • Felix Vincenz explained that they have created a business plan based on this presentation. It has been submitted to Keith Schafer and the division directors. A meeting is scheduled for February 9 to discuss how to implement the plan. • Keith Schafer commended the team for their excellent presentation.

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DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES STRATEGIC PLAN	Dr. Joe Parks introduced Patsy Carter, Clinical Director for Children, Youth and Families, who explained the restructuring of Children's Services within the Division of Comprehensive Psychiatric Services: • Create one system that is developmentally appropriate: o Transition Age Youth o Continuum of Services o Administrative Resources, i.e., monitoring • Regionalization: o Area Directors are now Chief of Children's Community Operations (CCCO) o Supported Community Living • Organization for the Child and Youth System and Chief of Children's Community Operations: o Patsy is the Children's Director for the Division of CPS and the Clinical Director for Children, Youth and Families for the Department and reports to Dr. Parks in both capacities. o The infrastructure of the Children's System in CPS now mirrors the infrastructure of the adult system. The Children's Area Directors are now called Chief of Children's Community Operations and they currently report directly to Patsy. Plans are underway to transition the CCCO's to report to the Regional Executive Officer (REO) in their regions who will have responsibility to ensure quality for both adults and children. o Supported Community Living staff reports directly to the CCCO's and function as assistants to them. Plans are to transition to the CCCO's to begin reporting to the REO in their regions by July 1 of this year. o These changes will result in a stronger, more seamless system. • Children's Comprehensive Plan: o Use of Child and Adolescent Functional Assessment Scale (CAFAS) (Outcomes and Quality) o Enhancement of Family Support Services (Consumer/Family Voice) o Evidence-Based Practices (Workforce Development) o Creation of a seamless system across the continuum (Comprehensive Plan) o Early Childhood Mental Health Infrastructure (Comprehensive Plan) • Public Health Model for Children's Mental Health o Understanding the Public Health Model—Surveillance, Policy Development, Assurances o Bright Futures Initiative—Focus on community development and community support of schools o Role of Mental Health Authority Dr. Joe Parks introduced Clive Woodward, Director of Quality/Data Analytics for the Division of CPS who reported on Data Collection and Outcomes Reporting for the Division: • Clive used the construct of an Episode of Care for a client as an example of a key element of the DMH Customer

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	Information, Management, Outcomes and Reporting (CIMOR). The Episode of Care is a common data structure that is used by all the facilities but may have different business processes that may produce different discharge data from one facility to another. Data analyses have been done to put in place some standardized business processes. • Another data quality assignment is the DCN project to make sure all DMH clients with an open Episode of Care have a current and valid DCN. They are working with the Department of Social Services to attain the ability to assign a DCN through their system for our clients. • Other data infrastructure projects such as—satisfaction survey formerly done by contract and is now done in-house, the CAFAS and outcomes data from providers, training by IT staff to use "data central" as a simplified version of CIMOR to produce a pool of employees who can write reports at sites the divisions control so staff can post their own reports to use in the field. • Working on the infrastructure to enable all this. Dr. Parks introduced Tom Rehak, Coordinator of Policy and Program Development, who reported on corporate compliance operations and reducing fraud and waste. There has been an increase in anonymous complaints regarding inappropriate billing practice. They conduct unannounced audits at providers and contractors and are focusing on corporate compliance without damage to relationships. • Current Process: o Annual billing audits during certification surveys o Compliant based audits, based on referrals from: consumers, provider staff, Medicaid Fraud Control Unit, MHD Program Integrity • Calendar 2008 Activities o Began quarterly meetings with MO HealthNet Program Integrity Unit o Eliminated prior notice on records being audited o Revised sampling methodology to focus on suspect claims o Trained SCL staff on compliance monitoring o Desk audits of high cost clients • Calendar of 2009 Activities (planned): o Provider Training: Compliance and Documentation o Develop E-Training Modules o Revision of all Program Manuals o Revision of Code of State Regulations to require Corporate Compliance Plans and Timely Documentation Standards o Establish threshold expectations for audit disallowance penalties o Develop proposal for distinct Billing Audit Unit

TOPIC/ISSUE	DISCUSSION
FUTURE MEETINGS	The next Mental Health Commission Meeting is scheduled for March 12, 2009 at Department of Mental Health in Jefferson City.
ADJOURN	David Vlach made a motion that the meeting adjourn. Joann Leykam seconded the motion. The Mental Health Commission adjourned at 3:00 p.m. _____ Beth Viviano, Chair